



NREMT Number  Birth Date  Social Security Number

Last Name  First Name  Mid. Init.

Mailing Address

City  State  Zip  ☐ Yes, this a new address?

Email  Phone  Mobile Phone

## LICENSURE DISCLOSURE STATEMENT

- YES** ☐ **NO** ☐ Since your last EMS license, have you been **charged with** or **convicted** of, a misdemeanor or a felony?
- YES** ☐ **NO** ☐ Since your last EMS license, have you been subject to limitation, suspension, revocation or probation of a health care license or certification, or have you voluntarily surrendered a health care licensure in any state or any authorizing agency?
- YES** ☐ **NO** ☐ Since your last EMS license, have you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as an EMT?

If you answered "yes" to any question, you must provide official documentation that fully describes the offense (or condition), the current status and disposition of the case, and a detailed personal statement. [Do not answer 'yes' for minor traffic violations (speeding or parking tickets). If in doubt contact the Bureau of EMS.]

## PRIMARY EMS AGENCY

Agency:

Address:

City  State  Zip

Supervisor

Phone #

## LICENSE RENEWAL FEE

**\$5 Certified First Responder**  
**\$5 Emergency Medical Responder**  
**\$25 Emergency Medical Technician**  
**\$35 Advanced EMT**  
**\$45 Paramedic**

All payments must be made by a  
Money Order payable to the Bureau of EMS.

## COPY OF CURRENT NREMT CARD

If you are applying for an EMT/AEMT/Paramedic license, a copy of your current NREMT card is required. Your Louisiana license will expire on the date your NREMT certification expires.

## SECONDARY EMS AGENCY

Agency:

Address:

City  State  Zip

Supervisor

Phone #

## PUBLIC SERVICE VERIFICATION

- YES** ☐ I am employed by the State of Louisiana or a municipal fire department, a fire protection district, a volunteer fire department, or a municipal law enforcement agency, **and I do not** perform emergency medical services outside of this public entity for any form of compensation. \* If yes, the EMT license fee is \$10. ***This is only applicable to individuals at the EMT (Basic) level.***

## AFFIRMATION STATEMENT

I, the undersigned, hereby declare under penalty of perjury that all statements on this Renewal Application are true and correct. I understand the Bureau of EMS randomly conducts audits and the information provided on this form, and recertification activities may be audited at any time. False statements or forged documents may be sufficient cause for disciplinary action.

\_\_\_\_\_  
Your Original Signature

\_\_\_\_\_  
Date Signed

## BEMS USE ONLY

ENT ☐ MO ☐ NR ☐  
 ACT ☐ PRO ☐ DEN ☐  
 AUD ☐ ☒ ☒